

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

DARIA NOVAK FOR CONGRESS

ADDRESS (number and street)

51 HAMMONASSETT MEADOWS ROAD



Check if different than previously reported. (ACC)

MADISON

CT

06443

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00589713

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

STATE ▼ DISTRICT

CT

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

07 / 01 / 2016

through

M M / D D / Y Y Y Y

09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

NOWELL CPA, J KENNETH, , ,

Type or Print Name of Treasurer

Signature of Treasurer

NOWELL CPA, J KENNETH, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 25 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 25

Write or Type Committee Name

DARIA NOVAK FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	18170.17	41472.04
(b) Total Contribution Refunds (from Line 20(d))	250.00	250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	17920.17	41222.04
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	23732.40	40762.62
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	23732.40	40762.62
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1795.46	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1336.04	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 25

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

DARIA NOVAK FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

12850.17

18846.62

(ii) Unitemized.....

3070.00

12592.54

(iii) TOTAL of contributions from individuals ▶

15920.17

31439.16

(b) Political Party Committees.....

750.00

1000.00

(c) Other Political Committees (such as PACs).....

1500.00

7227.00

(d) The Candidate.....

0.00

1805.88

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

18170.17

41472.04

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

1336.04

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

1336.04

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

18170.17

42808.08

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 25

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	23732.40	40762.62
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	250.00	250.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	250.00	250.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	23982.40	41012.62

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	7607.69
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	18170.17
25. SUBTOTAL (add Line 23 and Line 24).....	25777.86
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	23982.40
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1795.46

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
DARIA NOVAK FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Bate, Jane, Russell, ,			Date of Receipt M M / D D / Y Y Y Y Y 07 02 2016		
Mailing Address 454 Riverside Drive			Transaction ID : SA11AI.4861		
City Cheshire	State CT	Zip Code 06410	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/>			
Name of Employer Self		Occupation Musician			
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2050.00			
B. Full Name (Last, First, Middle Initial) Hoffmeister, Amanda, , ,			Date of Receipt M M / D D / Y Y Y Y Y 09 07 2016		
Mailing Address 1531 Lake Avenue			Transaction ID : SA11AI.4904		
City Wilmette	State IL	Zip Code 60091	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/>			
Name of Employer Self		Occupation Homemaker			
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00			
C. Full Name (Last, First, Middle Initial) Kelsey, J David, , ,			Date of Receipt M M / D D / Y Y Y Y Y 09 11 2016		
Mailing Address 2 Huntley Rd			Transaction ID : SA11AI.4702		
City Old Lyme	State CT	Zip Code 06371	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/>			
Name of Employer Hamilton Point Investments		Occupation Investment Manager			
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1750.00			
SUBTOTAL of Receipts This Page (optional)..... ▶			4000.00		
TOTAL This Period (last page this line number only)..... ▶			4000.00		

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Lehman, Lewis, , ,

Mailing Address 62A Cherry Valley Road

City

Greenwich

State

CT

Zip Code

06831

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 18 2016

Transaction ID : SA11AI.4846

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Marshall, Erika, , ,

Mailing Address 164 First Ave. S

City

Naples

State

FL

Zip Code

34102

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 23 2016

Transaction ID : SA11AI.4916

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mathias, Joseph, , ,

Mailing Address 4255 Harris Trail NW

City

Atlanta

State

GA

Zip Code

30327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Concourse Capital Management

Occupation

Investment Manager

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 09 2016

Transaction ID : SA11AI.4700

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

7400.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

NOVAK, DARIA, IRENE, ,**A.**

Mailing Address 51 HAMMONASSETT MEADOWS ROAD

City

MADISON

State

CT

Zip Code

06443

FEC ID number of contributing
federal political committee.**C** H0CT02140

Name of Employer

ERUdyne

Occupation

Founder

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

3176.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	6

Transaction ID : SA11AI.4886

Amount of Each Receipt this Period

35.00

☐ Memo Item
 In-kind - event attendance

Full Name (Last, First, Middle Initial)

Nowell, J Kenneth, , ,**B.**

Mailing Address 97 Hickory Road

City

Torrington

State

CT

Zip Code

06790

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Theroux, Nowell Stoughton LLC

Occupation

CPA

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

1480.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	6

Transaction ID : SA11AI.4668

Amount of Each Receipt this Period

528.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

Nowell, J Kenneth, , ,**C.**

Mailing Address 97 Hickory Road

City

Torrington

State

CT

Zip Code

06790

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Theroux, Nowell Stoughton LLC

Occupation

CPA

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

1530.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	6

Transaction ID : SA11AI.4685

Amount of Each Receipt this Period

50.00

☐ Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶

613.67

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Nowell, J Kenneth, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 10 / 2016		
Mailing Address 97 Hickory Road			Transaction ID : SA11AI.4669		
City Torrington	State CT	Zip Code 06790	Amount of Each Receipt this Period 336.50		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer Theroux, Nowell Stoughton LLC		Occupation CPA			
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1866.62			
B. Full Name (Last, First, Middle Initial) Nowell, J Kenneth, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 12 / 2016		
Mailing Address 97 Hickory Road			Transaction ID : SA11AI.4704		
City Torrington	State CT	Zip Code 06790	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer Theroux, Nowell Stoughton LLC		Occupation CPA			
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1966.62			
C. Full Name (Last, First, Middle Initial) Nowell, J Kenneth, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2016		
Mailing Address 97 Hickory Road			Transaction ID : SA11AI.4714		
City Torrington	State CT	Zip Code 06790	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer Theroux, Nowell Stoughton LLC		Occupation CPA			
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2066.62			
SUBTOTAL of Receipts This Page (optional).....			536.50		
TOTAL This Period (last page this line number only).....					

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Thompson, Lincoln, , ,

A. Mailing Address 142 North Cove Road

City

Old Saybrook

State

CT

Zip Code

06476

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginen Industries

Occupation

Chairman

Receipt For: 2016

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 16 2016

Transaction ID : SA11AI.4850

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

300.00

12850.17

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☒ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Madison Republican Town Committee

Mailing Address P.O. Box 1233

City

Madison

State

CT

Zip Code

06443

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 26 2016

Transaction ID : SA11B.4918

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Marlborough Republican Town Committee

Mailing Address PO BOX 717

City

Marlborough

State

CT

Zip Code

06447

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 11 2016

Transaction ID : SA11B.4871

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

750.00

750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 25

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

CT Federation of Republican Women

Mailing Address 18 Tolland Circle

City
SimsburyState
CTZip Code
06070FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		23		2016

Transaction ID : SA11C.4897

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Old Saybrook Republican Women's Club

Mailing Address 4 Dogwood Lane

City
Old SaybrookState
CTZip Code
06475FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		20		2016

Transaction ID : SA11C.4853

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

SUSAN B ANTHONY LIST INC. CANDIDATE FUNDMailing Address 1707 L STREET, NW
SUITE 750City
WASHINGTONState
DCZip Code
20036FEC ID number of contributing
federal political committee.

C C00332296

Name of Employer

Occupation

Receipt For: 2016

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		20		2016

Transaction ID : SA11C.4913

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1500.00

1500.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Amtrak

Mailing Address 60 Massachusetts Avenue NE

Date of Disbursement

M M	D D	Y Y Y Y
08	29	2016

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
Travel

002

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

187.00

Transaction ID : SB17.4775

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B. Blom, Andresen, , ,

Mailing Address 101 Asbury Court

Date of Disbursement

M M	D D	Y Y Y Y
09	14	2016

City
WinchesterState
VAZip Code
22602Purpose of Disbursement
General Campaign Consulting

001

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

500.00

Transaction ID : SB17.4801

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

c. Blom, Andresen, , ,

Mailing Address 101 Asbury Court

Date of Disbursement

M M	D D	Y Y Y Y
09	17	2016

City
WinchesterState
VAZip Code
22602Purpose of Disbursement
General Campaign Consulting

001

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

2000.00

Transaction ID : SB17.4816

☐ Memo Item

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

2687.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Blom, Andresen, , ,

Mailing Address 101 Asbury Court

City
WinchesterState
VAZip Code
22602Purpose of Disbursement
General Campaign Consulting

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4817

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Blom, Andresen, , ,

Mailing Address 101 Asbury Court

City
WinchesterState
VAZip Code
22602Purpose of Disbursement
General Campaign Consulting

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4818

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Darter Specialties Inc.

Mailing Address P. O. Box 188

City
CheshireState
CTZip Code
06410Purpose of Disbursement
T-Shirts, signs and stickers

006

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

528.67

Transaction ID : SB17.4670

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3028.67

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Darter Specialties Inc.

Mailing Address P. O. Box 188

City
CheshireState
CTZip Code
06410Purpose of Disbursement
T-Shirts & Stickers

006

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
08	10	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

336.50

Transaction ID : SB17.4671

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Keehner, Devin, , ,

Mailing Address 55 Renee Drive

City
StoningtonState
CTZip Code
06379Purpose of Disbursement
Field Management Services

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	22	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4822

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NOVAK, DARIA, IRENE, ,

Mailing Address 51 HAMMONASSETT MEADOWS ROAD

City
MADISONState
CTZip Code
06443Purpose of Disbursement
Mileage reimbursement

002

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CT

District: 05

Date of Disbursement

M M	D D	Y Y Y Y
08	02	2016

FEC Identification Number

C HOCT02140

Amount of Each Disbursement this Period

531.90

Transaction ID : SB17.4787

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1368.40

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. NOVAK, DARIA, IRENE, ,

Mailing Address 51 HAMMONASSETT MEADOWS ROAD

City
MADISONState
CTZip Code
06443Purpose of Disbursement
In-kind - event attendance

007

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CT

District: 05

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		17		2016

FEC Identification Number

C H0CT02140

Amount of Each Disbursement this Period

35.00

Transaction ID : SB17.4896

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NOVAK, DARIA, IRENE, ,

Mailing Address 51 HAMMONASSETT MEADOWS ROAD

City
MADISONState
CTZip Code
06443Purpose of Disbursement
Mileage reimbursement

002

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CT

District: 05

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		30		2016

FEC Identification Number

C H0CT02140

Amount of Each Disbursement this Period

238.00

Transaction ID : SB17.4791

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NOVAK, DARIA, IRENE, ,

Mailing Address 51 HAMMONASSETT MEADOWS ROAD

City
MADISONState
CTZip Code
06443Purpose of Disbursement
Mileage reimbursement

002

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CT

District: 05

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		13		2016

FEC Identification Number

C H0CT02140

Amount of Each Disbursement this Period

392.04

Transaction ID : SB17.4800

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

665.04

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. NOVAK, DARIA, IRENE, ,

Mailing Address 51 HAMMONASSETT MEADOWS ROAD

City
MADISONState
CTZip Code
06443Purpose of Disbursement
Mileage Reimbursement

002

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CT

District: 05

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2016

FEC Identification Number

C H0CT02140

Amount of Each Disbursement this Period

339.30

Transaction ID : SB17.4819

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2211 North First Street

City
San JoseState
CAZip Code
95036Purpose of Disbursement
Credit card fees

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

136.58

Transaction ID : SB17.4717

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Picquet, Meilia, , ,

Mailing Address 51 Hammonasset Meadows

City
MadisonState
CTZip Code
06443Purpose of Disbursement
Field Management Services

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4784

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2475.88

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Projects Unlimited

Mailing Address 7 Meadow Road

City
EnfieldState
CTZip Code
06082Purpose of Disbursement
Palm card printing

006

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		13		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1068.82

Transaction ID : SB17.4792

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Regal Blue Media

Mailing Address 4515 North Progress Ave

City
HarrisburgState
PAZip Code
17110Purpose of Disbursement
Website updates

004

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4786

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Regal Blue Media

Mailing Address 4515 North Progress Ave

City
HarrisburgState
PAZip Code
17110Purpose of Disbursement
Website updates

004

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.4803

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4068.82

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Regal Blue Media

Mailing Address 4515 North Progress Ave

Date of Disbursement

M M	D D	Y Y Y Y
09	22	2016

City
HarrisburgState
PAZip Code
17110Purpose of Disbursement
Website updates

004

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

2500.00

Transaction ID : SB17.4824

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 1000 Boston Post Road

Date of Disbursement

M M	D D	Y Y Y Y
07	11	2016

City
Old SaybrookState
CTZip Code
06475Purpose of Disbursement
Pens

001

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

0.69

Transaction ID : SB17.4724

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

c. Staples

Mailing Address 1000 Boston Post Road

Date of Disbursement

M M	D D	Y Y Y Y
07	18	2016

City
Old SaybrookState
CTZip Code
06475Purpose of Disbursement
Paper

001

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

17.55

Transaction ID : SB17.4730

☐ Memo Item

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

2518.24

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 1000 Boston Post Road

Date of Disbursement

M M	D D	Y Y Y Y
07	21	2016

City
Old SaybrookState
CTZip Code
06475Purpose of Disbursement
Paper

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

29.78

Transaction ID : SB17.4738

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 1000 Boston Post Road

Date of Disbursement

M M	D D	Y Y Y Y
08	04	2016

City
Old SaybrookState
CTZip Code
06475Purpose of Disbursement
Paper-Fundraising

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

25.25

Transaction ID : SB17.4753

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 1000 Boston Post Road

Date of Disbursement

M M	D D	Y Y Y Y
08	19	2016

City
Old SaybrookState
CTZip Code
06475Purpose of Disbursement
Printer ink

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

63.54

Transaction ID : SB17.4757

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

118.57

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 1000 Boston Post Road

Date of Disbursement

M M	D D	Y Y Y Y
08	19	2016

City
Old SaybrookState
CTZip Code
06475

FEC Identification Number

C

Purpose of Disbursement
Paper

003

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

14.87

Transaction ID : SB17.4760

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Theroux, Nowell & Stoughton LLC

Mailing Address 53 Peck Road

Date of Disbursement

M M	D D	Y Y Y Y
07	01	2016

City
TorringtonState
CTZip Code
06790

FEC Identification Number

C

Purpose of Disbursement
Accounting fees

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

450.00

Transaction ID : SB17.4744

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

c. The Wickers Group

Mailing Address 1819 Polk St #373

Date of Disbursement

M M	D D	Y Y Y Y
08	31	2016

City
San FranciscoState
CAZip Code
94109

FEC Identification Number

C

Purpose of Disbursement
Polling

005

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

4500.00

Transaction ID : SB17.4782

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

4964.87

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. United States Postal Service

Mailing Address 781 Boston Post Road

City
MadisonState
CTZip Code
06443Purpose of Disbursement
Postage - Fundraising

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	18	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

235.00

Transaction ID : SB17.4733

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. United States Postal Service

Mailing Address 781 Boston Post Road

City
MadisonState
CTZip Code
06443Purpose of Disbursement
Post office box rental

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
08	02	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

51.00

Transaction ID : SB17.4781

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

286.00

TOTAL This Period (last page this line number only).....▶

22181.49

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 25

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input checked="" type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Enfield Republican Town Committee

Mailing Address 18 Debbie Lane

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		09		2016

City
EnfieldState
CTZip Code
06082

FEC Identification Number

C

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

250.00

Transaction ID : SB20B.4790

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

250.00

TOTAL This Period (last page this line number only).....▶

250.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 23 OF 25

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4134

DARIA NOVAK FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

NOVAK, DARIA, IRENE, ,

Election: 2016

☐ Primary☐ General☒ Other (specify) ▼
Convention

Mailing Address

51 HAMMONASSETT MEADOWS ROAD

City

MADISON

State

CT

ZIP Code

06443

☒ Personal Funds of the Candidate

Original Amount of Loan

25.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 10 M /

D 09 D /

Y 2015 Y

M M /

D D /

Y None Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

25.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 24 OF 25

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4387

DARIA NOVAK FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

NOVAK, DARIA, IRENE, ,

☐ Memo Item

Election: 2016

☐ Primary☐ General☒ Other (specify) ▼
Convention

Mailing Address

51 HAMMONASSETT MEADOWS ROAD

City

MADISON

State

CT

ZIP Code

06443

☐ Personal Funds of the Candidate

Original Amount of Loan

1091.80

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1091.80

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 03 M /

D 31 D /

Y 2016 Y

M M /

D D /

Y 12/31/2016 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

1091.80

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 25 OF 25

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4639

DARIA NOVAK FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

NOVAK, DARIA, IRENE, ,

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

51 HAMMONASSETT MEADOWS ROAD

City

MADISON

State

CT

ZIP Code

06443

☐ Personal Funds of the Candidate

Original Amount of Loan

219.24

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

219.24

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 27 D

Y 2016 Y

M M

D D

Y None Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

219.24

TOTALS This Period (last page in this line only).....▶

1336.04

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.